SADDLEBACK MEMORIAL
MEDICAL CENTER

October 10, 1997

Office of Statewide Health Planning and Development
Health Policy and Planning Division
1600 9th Street, room 350
Sacramento, CA 95814

Reference: Response to California Hospital Outcomes Report

To Whom it May Concern:

We at Saddleback Memorial Medical Center would like to comment on the 1997 California Hospital Outcomes Project Report on Heart Attack for 1991-1993.

We feel the data is valuable to us, in that it provides external benchmarks on acute myocardial infarction and essential risk stratification models for comparison. However, the age of the data is a major weakness. With rapidly changing technology for the care of the acute MI patient, there is an implicit need for current data in order to evaluate the utility of new technology.

Saddleback Memorial Medical Center is a participant in the National Registry of Myocardial Infarction 2, which provides benchmarking and outcome data on myocardial infarction patients. Our hospital data is presented along with comparative data from the Nation, California, and like hospitals. (Hospitals of the same size, with the same diagnostic and interventional cardiology capabilities throughout the nation). We feel that this data is the most current data available for myocardial infarction benchmarking. NRMI 2 provides risk adjusted and non risk adjusted outcomes for mortality and length of stay using a modified TIMI 2B risk stratification.

Saddleback Memorial Medical Center is located in close proximity to Leisure World, a retirement community with a population of approximately 18,000. The majority of our patient population are Medicare or Medicare HMO recipients. SMMC's average age of patients coded 410.X1 is 75. We also have a higher percentage of patients presenting with a Killip Classification of 3 or greater. The percentage of females with myocardial infarction at our institution is 44%. (NRMI 2 September 1997). All of these indicators were identified as risk factors for in hospital or 30 day mortality by OSHPD. (Report on Heart Attack 1991-1993, Technical Guide, Page 6.) We also identified in the current OSHPD results that DNR was excluded as an indicator. We can hypothesize that because of our significantly older myocardial infarction population, our percentage of DNR patients would likely be higher than the state, and therefore we would have a higher percentage of mortality. However we do not currently track DNR as an indicator.

Our NRMI 2 data has consistently shown that we care for a very high risk myocardial infarction population at Saddleback. September 1997 NRMI data shows the following:

Mean Age of Myocardial Infarction Patient:
- SMMC: 75
- California: 69
- Nation: 68

Percent of Females with Myocardial Infarction:
- SMMC: 44%
- California: 38%
- Nation: 40%

Killip Classification- Percent of patients presenting with Class 3 or greater:
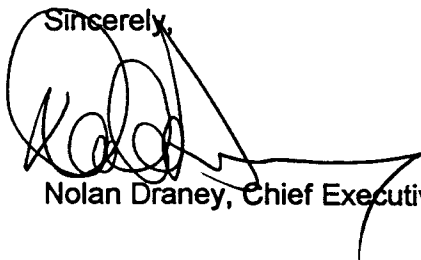- SMMC: 31%
- California: 10%
- Nation: 9%

In response to the risk stratification models, we feel Saddleback is best represented by Model B, which uses pulmonary edema and shock as indicators. Our NRMI 2 data consistently shows a larger percentage of patients with a Killip Classification greater than 3, as compared to California, the nation, and like hospitals.

Despite SMMC's higher risk population as outlined above, our mortality rate per NRMI 2 data (non risk adjusted) is equal to that of the comparative data. The current OSHPD report demonstrates that Saddleback's risk adjusted death rate for Model A and B for all years combined is lower than the statewide death rate.

At Saddleback, our focus is on quality. Our Outcomes Management and Collaborative Practice program has been nationally recognized and we are cited as a reference by JCAHO.

For more information regarding our Collaborative Practice/Outcomes Management Program, or regarding the above response, please feel free to contact me at (714) 452-3622. Once again we thank OSHPD for our data and the opportunity to respond.

Sincerely,

Nolan Draney, Chief Executive Officer